

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. \_\_\_\_\_

ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

Affinity Mobile, LLC

Application for Authority  
to operate as a Wireless Reseller  
on a statewide basis in the  
State of Illinois.

07-6281

CHIEF CLERK'S OFFICE  
200 APR 27 11:00  
ILLINOIS COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name(including d/b/a, if any)

FEIN # 54-2196447

Affinity Mobile, LLC d/b/a Trumpet Mobile

Address: Street 880 Apollo Street, Suite 237

City El Segundo

State/Zip CA 90245

2. Authority Requested: (Mark all that apply)

☐ 13-403 Facilities Based Interexchange

☐ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

☒ Wireless Reseller

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

\_\_\_\_\_ Section 735.180 Directories

\_\_\_\_\_ Other – Applicant respectfully

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

Statewide

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

**Please see *Exhibit A*.**

7. Please check type of organization?

\_\_\_\_\_ Individual                      \_\_\_\_\_ Corporation  
\_\_\_\_\_ Partnership                      Date corporation was formed December 10, 2004  
In what state? Delaware  
X Other (Specify) Limited Liability Company

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

**Please see *Exhibit B*.**

9. List jurisdictions in which Applicant is offering service(s).

Affinity intends to offer service nationwide.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

\_\_\_\_\_ YES (Please provide details)      X NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

\_\_\_\_\_ YES      X NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

\_\_\_\_ YES \_\_\_\_ X \_\_\_\_ NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois? \_\_\_\_ YES \_\_\_\_ X \_\_\_\_ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

**Pursuant to ILL. ADMIN. CODE TIT. 83, § 250.20, the Applicant requests a waiver from the Commission of the requirements contained in to ILL. ADMIN. CODE TIT. 83, § 250.10, and requests the authority to maintain its books, accounts, papers, records, memoranda etc. at its company headquarters in El Segundo, California, and, where all of the personnel responsible for the maintenance of such documentation are located. Establishing and maintaining a location in the State of Illinois solely to keep its books and accounts in Illinois would create a significant additional cost to the Company's operations and would be unduly burdensome. Affinity Mobile, LLC ("Affinity") will be represented by a statutory agent located within the State of Illinois and will provide the Commission with access to its books and records upon request.**

#### MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **Please see Exhibit C.**

15. List officers of Applicant.

<u>Arif Haji</u>	<u>President</u>
_____	_____
_____	_____

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_ YES \_\_\_\_ X \_\_\_\_ NO

If YES, list entity. \_\_\_\_\_

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

**Service is prepaid with reload airtime cards. Usage can be viewed via website or by calling customer care. Each subsequent usage of voice or data service decrements from airtime balance. Usage stops (except for 911 or calls to Care) when either airtime balance is insufficient to make a call or airtime card expires.**

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Affinity has a toll free number available for its customers to contact the Company with billing and service related issues: 877-TRUMPET (877-878-6738). Customers may contact the Company with billing related issues between the hours of 7:00 a.m. and 1 a.m. CST by using this toll free number.

---

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

877-TRUMPET (877-878-6738)

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

**Not Applicable – Company provides wireless services only.**

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☐ YES ☐ NO (If no, please provide an explanation.) **Not Applicable – Company provides wireless services only.**

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☐ YES ☐ NO **Not Applicable – Company provides wireless services only.**

## FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **Please see Exhibit D, filed under seal.**

## TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

---

If NO, which facility provider(s)'s services does the Applicant intend to use?

Sprint

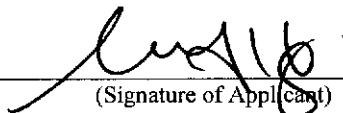
27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant intends to offer wireless services on a resale basis.

28. Will technical personnel be available at all times to assist customers with service problems?

  X   YES        NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?        YES        NO **Not Applicable – Company provides wireless services only.**

  
(Signature of Applicant)

# VERIFICATION

This application shall be verified under oath.

## OATH

State of CALiFOrNiA )  
County of Los Angeles )ss

Arif Haji makes oath and says that he is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

of Affinity Mobile, L.L.C. d/b/a Trumpet Mobile  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Linda Cole  
(Title of person authorized to administer oaths)

in the State and County above named, this 19<sup>th</sup> day of MARCH, 2007.

Linda Cole  
(Signature of person authorized to administer oath)

